2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# V49957

Entity Name: ALAN L. MELOTEK, M.D., P.A.

Current Principal Place of Business:

899 MEADOWS ROAD
SUITE 100
BOCA RATON, FL 33486 US

New Principal Place of Business:

951 NW 13TH STREET
SUITE 1B
BOCA RATON, FL 33486 US

Current Mailing Address:

899 MEADOWS ROAD
SUITE 100
BOCA RATON, FL 33486 US

New Mailing Address:

951 NW 13TH STREET
SUITE 1B
BOCA RATON, FL 33486 US

FEI Number: 65-0346528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELOTEK, ALAN L
899 MEADOWS ROAD
SUITE 100
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

MELOTEK, ALAN L
951 NW 13TH STREET
SUITE 1B
BOCA RATON, FL 33486 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 03/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: MELOTEK, ALAN L
Address: 899 MEADOWS ROAD SUITE 100
City-St-Zip: BOCA RATON, FL 33486

Title: PST ( ) Delete
Name: MELOTEK, ALAN L
Address: 899 MEADOWS ROAD SUITE 100
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: MELOTEK, ALAN L
Address: 951 NW 13TH STREET SUITE 1B
City-St-Zip: BOCA RATON, FL 33486

Title: PST (X) Change ( ) Addition
Name: MELOTEK, ALAN L
Address: 951 NW 13 TH STREET SUITE 1B
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN L.MELOTEK DR. 03/24/2009
Electronic Signature of Signing Officer or Director — Date